



AGENCY OF HUMAN SERVICES  
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection  
103 South Main Street, Ladd Hall  
Waterbury, VT 05671-2306  
<http://www.dail.vermont.gov>  
Voice/TTY (802) 871-3317  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 871-3318

August 30, 2012

Mr. Jay Grimes, Administrator  
Meadows at East Mountain  
157 Heritage Hill Place  
Rutland, VT 05701

Provider #: 1002

Dear Mr. Grimes:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **July 24, 2012**. Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN  
Licensing Chief

PC:ne

Enclosure



AUG 23 2012

PRINTED: 08/09/2012  
FORM APPROVED

## Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  1002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 07/24/2012
NAME OF PROVIDER OR SUPPLIER  MEADOWS AT EAST MOUNTAIN			STREET ADDRESS, CITY, STATE, ZIP CODE 157 HERITAGE HILL PLACE RUTLAND, VT 05701		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R100	Initial Comments:  An unannounced, re-licensure survey and complaint investigation were conducted by the Division of Licensing and Protection from 07/23/12 through 07/24/12. No violations were identified related to the complaint investigation. The following citations were issued related to the re-licensure survey.	R100	<u>Tag Number 188</u>  * Resident Number has had her picture taken and placed in the Medication Administration Record (MAR).		
R188 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.12.b.(2)  A record for each resident which includes: resident's name; emergency notification numbers; name, address and telephone number of any legal representative or, if there is none, the next of kin; physician's name, address and telephone number; instructions in case of resident's death; the resident's assessment(s); progress notes regarding any accident or incident and subsequent follow-up; list of allergies; a signed admission agreement; a recent photograph of the resident, unless the resident objects; a copy of the resident's advance directives, if any completed; and a copy of the document giving legal authority to another, if any.  This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure that one resident record contained a recent photograph of the Resident as required. This affected one (Resident #1) of nine sampled resident records. Findings include:  Per review of the clinical record on 07/23/12, Resident #1 was admitted on 11/17/11 and had a	R188	* All residents being admitted to The Meadows will have their picture taken and placed in The MAR as part of the admission process.  * An audit has been completed for all residents to insure there is a picture of them in the appropriate place in The MAR. No other residents were found to be missing the necessary picture. A monthly audit will be completed on all newly admitted residents to insure a picture was taken and placed in The MAR. The audit will be reviewed monthly by the Quality Improvement Committee.  * This corrective action has already been completed and will be monitored monthly to insure continued compliance.  R188 POC accepted 8/21/12 Truynher RN/PMC		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

B1L311

TITLE

Executive Director

(X6) DATE

8/16/12

If continuation sheet 1 of 5

PMC

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R188	Continued From page 1  diagnosis of multi infarct dementia. Resident #1 was hospitalized on 04/27/12 and returned to the facility 05/02/12. Review of the assessment dated 12/1/11, and the current resident plan of care, indicated that Resident #1 was very hard of hearing, had impaired short and long term memory, moderately impaired decision making and displayed combative behaviors in the morning that improved when the resident was allowed to sleep until 10:30 or 11:00 A.M. The Resident currently resides on the secure, special care unit designated for residents with cognitive impairments or other specialized care needs. No photograph of the resident was located in the record. No documentation indicated that the Resident or the Resident's guardian objected to being photographed.  Interview of the second shift nurse on the special care unit on 07/23/12 at 4:30 P.M. revealed that a current picture of each resident is located in the Medication Administration Record (MAR). The nurse verified that there was no picture for Resident #1 in the MAR. During interview of the first shift Registered Nurse (RN) and the Resident Assistant #2 (RA #2), responsible for administration of medications on the special care unit, on 07/24/12 at 8:45 A.M., both verified that a current picture of Resident #1 was not present in the record. Both stated that a current picture of each resident should be in the MAR to confirm the identity of each resident when administering medications because the unit serves a cognitively impaired population.	R188			
R251 SS=A	VII. NUTRITION AND FOOD SERVICES  7.3 Food Storage and Equipment	R251	<b>Tag Number 251</b>  * The inappropriately stored item was removed from the resident refrigerator and discarded. All other refrigerators used to store resident food were inspected. Any inappropriately stored items were discarded.		

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R251	Continued From page 2  7.3.a All food and drink shall be stored so as to protect from dust, insects, rodents, overhead leakage, unnecessary handling and all other sources of contamination.  This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews, the facility failed to store residents food so as to protect it from other sources of contamination. Findings include:  Per initial kitchen tour with a food service worker on 7/23/12 at 3:00 P.M., during an observation of the inside of the refrigerator that contained milk/creamers and juice for residents, there was one plastic container on the shelf containing food that was not marked and dated. The food service worker confirmed at 3:15 P.M. that this container did not belong in the residents refrigerator. Per interview on 7/24/12 at 9:00 A.M. the Food Service Supervisor confirmed that staff meals did not belong in the resident's refrigerator.	R251	<p>* Staff will be educated on not being allowed to store their items in a refrigerator used to store resident food. Education will also included the information on how all food should be stored.</p> <p>* The Food Service Supervisor will perform a weekly inspection of food storage to insure compliance. Immediate action will be taken if any issues are found. Findings of these inspections will be reviewed at the monthly Quality Improvement Meeting. The frequency of these inspections will be determined by the committee based upon the findings of the Food Service Supervisors inspections.</p> <p>* This corrective action will be in place by August 29, 2012.</p> <p>R251 PO accepted 8/27/12 Tmyinhwa/PNC</p>		
R252 SS=E	VII. NUTRITION AND FOOD SERVICES  7.2 Food Storage and Equipment  7.3.b Areas of the home used for storage of food, drink, equipment or utensils shall be constructed to be easily cleaned and shall be kept clean  This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews, the facility failed to keep clean two fans in the kitchen that were heavily coated with dirt and debris. Findings include:	R252			

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R252	Continued From page 3  Per initial tour of the kitchen with a food service worker on 7/23/12 at 3:00 P.M. there were two wall fans that were heavily coated with dirt and debris. One fan was sitting on the wall above and blowing air onto a cart that was filled with clean dishes. The second fan was positioned on a wall and blowing toward the kitchen stove which is used to prepare the resident's meals.  On 3:15 P.M. on 7/23/12 during the tour with the food service worker, s/he confirmed this surveyor's observation. Per interview with the food services supervisor on 7/24/12 at 9:00 A.M. she confirmed that the fans were dirty and were positioned so that one fan was blowing air on the clean dishes and the second toward the stove where meals are prepared.	R252	* The fans observed to be dirty have been added to a cleaning schedule. They will also be part of a weekly inspection to be completed by The Food Service Supervisor. Her findings will be reviewed at The monthly Quality Improvement Committee meeting. Frequency and duration of these inspections will be based upon findings shared with the Quality Improvement Committee.  * This plan of correction will be completed and in place by August 29, 2012.	
R253 SS=A	VII. NUTRITION AND FOOD SERVICES  7.3 Food Storage and Equipment  7.3.c All food service equipment shall be kept clean and maintained according to manufacturer's guidelines  This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to keep all food service equipment in the resident's kitchen clean. Findings include:  Per initial tour with a food services worker on 7/23/12 at 3:00 P.M. the microwave, sitting on the counter in the resident's kitchen was soiled with food debris and spilled liquid. The food services worker confirmed the surveyor's observation on 7/23/12 at 3:15 P.M.	R253	R252a pcc accepted 8/21/12 Tmynhien Pmc	

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			<p>* All food service equipment will be inspected weekly by The Food Service Supervisor. Her inspection reports will be shared with the Quality Improvement Committee monthly. Duration and frequency of the inspections will be based upon the findings when reviewed by The Quality Improvement Committee.</p> <p>* This plan of correction will be completed prior to August 29, 2012.</p> <p>R253 POC accepted 8/27/12 TMyynhweren/PAU</p>		